MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP ( ) IE ( ) IC	**Response Timely Filed?** () Yes (X) No
Requestor Vista Medical Center Hospital 4301 Vista Rd. Pasadena, TX 77504	MDR Tracking No.: M4-03-7088-01 TWCC No.: Injured Employee's Name:
Respondent AIU Insurance Co. Rep. Box # 19	Date of Injury: Employer's Name: International Coating Services Insurance Carrier's No.: 077066657

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
5-20-02	5-23-02	Inpatient Hospitalization	$18,639.98	$0.00

PART III: REQUESTOR'S POSITION SUMMARY

F – Payment not in accordance with Acute In-Patient Stop Loss Fee Guideline.

PART IV: RESPONDENT'S POSITION SUMMARY

The carrier respectfully disputes the charges by Vista Medical Center as completely unreasonable and outside the scope of the *Fee Guidelines*. Vista has failed to document that the services are unusually extensive and therefore, they fail to comply with the ruling of the State Office of Administrative Hearing…There is no documentation of the per unit charges. By way of example, this bill includes a charge of $2,428 for a "video." That is an unexplained charge.

There are a number of implantables that are individually billed for a total amount in excess of $20,000. There is no documentation to support the amount of that charge and certainly there is nothing to document the actual cost to Vista for the implantables utilized. There is no documentation of the actual cost of pharmaceuticals provided.

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

This dispute relates to inpatient services provided in hospital setting with reimbursement subject to the provisions of Rule 134.401 (Acute Care Inpatient Hospital Fee Guideline). The hospital has requested reimbursement according to the stop-loss method contained in that rule. Rule 134.401(c)(6) establishes that the stop-loss method is to be used for "unusually costly services." The explanation that follows this paragraph indicates that in order to determine if "unusually costly services" were provided, the admission must not only exceed $40,000 in total audited charges, but also involve "unusually extensive services."

The operative report indicates that on 5-20-02 the claimant underwent, anterior cervical discectomy with decompression of spinal cord nerve roots C3-6 , anterior cervical interbody arthrodesis C3-6, and anterior cervical instrumentation C3-6.

After reviewing the documentation provided by both parties, it **does** appear that this particular admission involved "unusually extensive services." In particular, this admission resulted in a hospital stay of 3 days based upon the operation and carrier's reimbursement.

Per the UB-92, the requestor billed a total of $77,835.67 for the hospitalization.

The requestor noted on TWCC-60, that amount billed was $60,591.75 not $77,835.67. The disputed services did not include the following services: the semi private room; pharmacy – generic drug; lab; radiology – diagnostic; surgery; blood administration; respiratory services; speech; cardiology; recovery room and EKG/ECG general. The requestor is seeking stop-loss reimbursement for the remaining services.

The following services are in dispute:

Service In Dispute	Amount Billed	Amount Paid	EOB Denial	Rationale
Pharmacy	$4,206.89	$2387.98	F, H, N	Since the requestor did not present any documentation supporting their cost or charge, additional reimbursement is not recommended.
Supplies	$19,560.32	$8,748.99		
Sterile Supply	$2590.00	$918.50		
Other Implants	$24,877.85	$9,013.28		
Radiology	$365.00	$247.50		
Anesthesia	$8,498.91	$5,175.00		
Physical Therapy	$66.70	$48.00		
Pulmonary Functions	$426.08	$264.58		
TOTAL	$60,591.75	$26,803.83		

Considering the reimbursement amount calculated in accordance with the provisions of rule 134.401 compared with the amount previously paid by the insurance carrier, we find that no additional reimbursement is due for these services.

PART VI: COMMISSION DECISION

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is **not** entitled to additional reimbursement.

Findings and Decision by:

Authorized Signature	Elizabeth Pickle Typed Name	May 10, 2005 Date of Order

PART VII: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

PART VIII: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____